

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Gregg A. Dektor**
131 Ridgemoor Drive
Cranberry Twp, PA 16066

From: **Pittsburgh Area Office**
1000 Liberty Avenue
Room 1112
Pittsburgh, PA 15222



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

533-2020-01801

Philadelphia Legal Unit,
Legal Technician

(267) 589-9700**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



9/29/2020

Enclosures(s)

Deborah A. Kane,
Director

(Date Mailed)

cc:

Deborah Keller
Associate General Counsel
KPMG LLP
3 Chestnut Ridge Road
Montvale, NJ 07645

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 533-2020-01801	
PENNSYLVANIA HUMAN RELATIONS COMMISSION and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MR. GREGG A DEKTOR		Home Phone (724) 538-8281	Year of Birth 1967
Street Address City, State and ZIP Code 131 RIDGEMONT DRIVE, CRANBERRY TWP, PA 16066			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name KPMG LLP		No. Employees, Members 15 - 100	Phone No.
Street Address City, State and ZIP Code ONE MELLON BANK CENTER, 500 GRANT STREET - SUITE, PITTSBURGH, PA 15219			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 04-06-2020 05-26-2020 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired in 2015 as a Director by the above-named Respondent to work in the Pennsylvania State and Local Tax (SALT) practice directly under Glenn Todd, Tax Partner. He is my direct supervisor and formally assigned mentor to develop and assist in my career. Respondent was aware of my disability. From April 6, 2020 until May 26, 2020, I was subjected to harassment by Jonathan Walls and Pete Beale, Tax Partners and Glenn Todds direct supervisors. From January 24, 2020 to April 5, 2020, I was off work on paid leave due to my disability. On April 6, 2020, I returned to work and was informed by Jonathan Walls and Glenn Todd that I was going to be placed on a low performance memo. In addition to my return, Mr. Walls made comments to me such as, but not limited to, 'you do not have what it takes to work at a big accounting firm' and 'you should leave and go find a job somewhere else'. In addition, while performing my job duties, I would provide work product to Mr. Walls; and he would not accept it. I complained about the harassment via Respondent's ethnic hotline. On May 26, 2020, I received a low performance review by Mr. Walls and Mr. Todd despite my prior excellent performance reviews. At that same time, I was given an option to			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. Digitally signed by Gregg Dektor on 09-22-2020 10:34 AM EDT		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EEOC Form 5 (11/09)

<p style="text-align: center;">CHARGE OF DISCRIMINATION</p> <p style="font-size: small;">This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </p> <p style="text-align: right;">533-2020-01801</p>
<p>PENNSYLVANIA HUMAN RELATIONS COMMISSION and EEOC</p> <p style="font-size: x-small;"><i>State or local Agency, if any</i></p>	
<p>either resign or improve my alleged low performance. Prior to my return I have never worked or interacted on a professional basis with Jonathan Walls. On May 29, 2020, I entered rehabilitation as a result of the continued harassment that triggered my disability. On June 2, 2020, the low performance document was updated to remove incorrect data initially used to conclude low performance.</p> <p>I was told by Mr. Todd I was going to be placed on a low performance memo and Pete Beale wanted me fired because I was out on medical leave. Specifically, Pete was angry because I was out on medical leave, as well.</p> <p>I am, however, aware of Chris Saray, Sr. Manager/Director, female, 40 who had trouble marketing and finding clients with respect to her performance and was not subject to being placed on a performance improvement plan.</p> <p>I believe that I have been discriminated against based on my sex, male, in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII), age, 53, in violation of The Age Discrimination in Employment Act of 1967, as amended (ADEA), and disability in violation of Title I of the Americans with Disabilities Act of 1990, as amended (ADA) when an individual outside of my protected class was treated more favorably.</p>	

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p> <p>I declare under penalty of perjury that the above is true and correct.</p> <p style="text-align: center; margin-top: 20px;">Digitally signed by Gregg Dektor on 09-22-2020 10:34 AM EDT</p>	<p>NOTARY - <i>When necessary for State and Local Agency Requirements</i></p> <p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p style="margin-top: 20px;">SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <i>(month, day, year)</i></p>
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